

DEPARTMENT OF ECOLOGY

BOATYARD GENERAL PERMIT

LEVEL ONE RESPONSE FORM*

Facility Name: _____

Permit Number: _____

Site Address: _____

Mailing Address: _____

Monitoring Period: __Jan.__ Apr. __May __Sept. __Oct. Year: _____

Parameter(s) Above Benchmark:

____Oil/Grease ____Total Recoverable Copper ____TSS

*(Please fill out one Level One Response Form for each month any parameter(s) are exceeded.)

Sample Point(s) *if applicable*: _____

Level One Response

Each time a sampling result for a parameter or group of parameters within a sampling month is above a benchmark value the Permittee shall take the following actions:

- 1) **Conduct an inspection of the permitted facility as promptly as possible** after the sample results are available:

Date Sample Results Received: _____

Level One Inspection Date: _____

- 2) **Inspection Components:**

- (a) Identify and evaluate **possible source(s) of the benchmark parameter** in the stormwater discharge:

Pollutant Sources
1.
2.
3.
4.
5.
6.
7.

(b) Identify **source/operational** control methods by which stormwater contamination can be reduced:

Source/Operational Control Methods	
1.	
2.	
3.	
4.	
5.	
6.	
7.	

(c) Evaluate which improvements or changes to the stormwater pollution prevention plan (SWPPP) are necessary to control the benchmark parameter?

SWPPP Changes/Improvements	
1.	
2.	
3.	
4.	

3. **Summarize the inspection results**, including remedial actions taken or planned and a schedule here when they will be implemented. Include this information to update your SWPPP.

[illegible]

4. Send this form with the Discharge Monitoring Report (DMR) for the sampling period.

Mail to appropriate office:

Department of Ecology	Department of Ecology
Northwest Regional Office	Southwest Regional Office
Water Quality Program	Water Quality Program
3190 160th Ave SE	PO Box 47775
Bellevue, WA 98008-5452	Olympia, WA 98504-7775

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Name & Title of Principal Executive Officer or Authorized Agent

Signature

Date

Phone Number